


10/29/01

C872 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	13869
	First Inventor	Sahar AL-MALAIKA
	Title	Thermoplastic Molding Compositions and Polymer Additives
	Express Mail Label No.	EL 716479946 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <input]<br="" type="text" value="42"/> (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total <input]<="" td="" type="text" value="1"/> <td>b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper</td>	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper
5. Oath or Declaration [Total Pages <input]<ul="" type="text" value="1"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ACCOMPANYING APPLICATION PARTS
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group / Art Unit _____	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
For CONTINUING OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
19. CORRESPONDENCE ADDRESS	11. <input type="checkbox"/> English Translation Document (if applicable)
<input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
Name	13. <input type="checkbox"/> Preliminary Amendment
Address	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
City	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
State	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
Zip Code	17. <input checked="" type="checkbox"/> Other: Check for \$1,550.00
Country	
Telephone	
Fax	

Name (Print/Type)	David A. Farah, M.D.	Registration No. (Attorney/Agent)	38,134
Signature		Date	October 29, 2001

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10-39-01

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT

\$1,550.00

Application Number

to be assigned

Filing Date

October 29, 2001

First Named Inventor

Sahar Al-MALAIIKA

Examiner Name

to be assigned

Group Art Unit

to be assigned

Attorney Docket No.

13869

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

19-2090

Deposit Account Name

Sheldon & Mak

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- ☒ Applicant claims small entity status. See 37 CFR § 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Fee Paid

101 740 201 370 Utility filing fee 740.00

106 330 206 165 Design filing fee

107 510 207 255 Plant filing fee

108 740 208 370 Reissue filing fee

114 160 214 80 Provisional filing fee

SUBTOTAL (1) 740.00

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid
Total Claims 65 -20** = 45 X 18.00 = 810.00
Independent Claims 3 -3** = 0 X 84.00 = 0.00
Multiple Dependent =

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Fee Paid

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim, if not paid

109 84 209 42 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 810.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

Fee Paid

105 130 205 65 Surcharge - late filing fee or oath

127 50 227 25 Surcharge - late provisional filing fee or cover sheet

139 130 139 130 Non - English specification

147 2,520 147 2,520 For filing a request for *ex parte* reexamination

112 920* 112 920* Requesting publication of SIR prior to Examiner action

113 1,840* 113 1,840* Requesting publication of SIR after Examiner action

115 110 215 55 Extension for reply within first month

116 400 216 200 Extension for reply within second month

117 920 217 460 Extension for reply within third month

118 1,440 218 720 Extension for reply within fourth month

128 1,960 228 980 Extension for reply within fifth month

119 320 219 160 Notice of Appeal

120 320 220 160 Filing a brief in support of an appeal

121 280 221 140 Request for oral hearing

138 1,510 138 1,510 Petition to institute a public use proceeding

140 110 240 55 Petition to revive - unavoidable

141 1,280 241 640 Petition to revive - unintentional

142 1,280 242 640 Utility issue fee (or reissue)

143 460 243 230 Design issue fee

144 620 244 310 Plant issue fee

122 130 122 130 Petitions to the Commissioner

123 50 123 50 Processing fee under 37 CFR § 1.17(q)

126 180 126 180 Submission of Information Disclosure Statement

581 40 581 40 Recording each patent assignment per property (times number of properties)

146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))

149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))

179 740 279 370 Request for Continued Examination (RCE)

169 900 169 900 Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Name David A. Farah, M.D.

Registration No. (Attorney/Agent)

38,134

Complete (if applicable)

Telephon

626/796-4000

Signature

David Farah

Date

October 29, 2001

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